

02/05

Out-of-Pocket Maximum (January - December)
Pharmacy \$15 per month
Inpatient \$220 per year
(Medicaid/Medicare Recipients Exempt)
Physician and outpatient \$100 per year

When you reach the maximum in any service, please send your receipts to:
Dept. of Health
Attn: Out-of-Pocket Maximum
PO Box 143106
Salt Lake City, UT 84114